

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N35328

Entity Name: ALACHUA COUNTY LIBRARY DISTRICT FOUNDATION, INC.

Current Principal Place of Business:

401 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601-5433

Current Mailing Address:

401 E. UNIVERSITY AVENUE
GAINESVILLE, FL 32601-5433 US

FEI Number: 59-3014156

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIVINGSTON, SHANEY
401 EAST UNIVERSITY AVENUE
GAINESVILLE, FL 32601 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: SHANEY LIVINGSTON

01/14/2015

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name HUNT, DAVIS
Address 1812 NW 6TH AVE
City-State-Zip: GAINESVILLE FL 32603

Title D
Name SHANEY, LIVINGSTON
Address 401 E UNIV AVE
City-State-Zip: GAINESVILLE FL 32601

Title SD
Name SCOTT, BARBARA
Address 3935 BW 35TH PLACE
City-State-Zip: GAINESVILLE FL 32606

Title VD
Name KALRA, PUSHPA
Address 401 E UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

Title TD
Name AUSTIN, MITZI C
Address 401 E UNIVERSITY AVE
City-State-Zip: GAINESVILLE FL 32601

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SHANEY LIVINGSTON

REGISTERED AGENT

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date